



Department of Insurance
State of Arizona
Captive Insurance Division

Captive's Name _____

BIOGRAPHICAL AFFIDAVIT

- 1) Affiant's Full Name (Initials Not Acceptable) _____
- 2) Have you ever used any other name including a Maiden Name? _____ If yes, explain _____
- 3) Social Security # _____
- 4) Date of Birth _____ Birth Place _____
- 5) Business Address _____
- 6) Bus. Phone _____
- 7) Your present or proposed position with the Captive _____
- 8) List your residences for the last 5 years starting with your current address:

DATES of RESIDENCE

ADDRESS

- 9) **EDUCATION** (Specify Dates, Institution and Degrees)

College _____

Graduate Study _____

Other _____

- 10) Memberships in Professional Societies & Associations _____

- 11) List all employers during the last 10 years (Dates, Institution, Address, Title).

- a) May these employers be contacted? _____ If not, which one(s) _____

- 12) Have you ever been in a position that required a fidelity bond? _____
a) If yes and any claims were made under it, give details _____

b) If yes, have you ever had a fidelity bond denied, cancelled or revoked? _____
Provide details _____
- 13) List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority that you hold or have held in the past. Specify date of issue, issuer, date terminated and reason for termination _____

- 14) During the last 10 years, have you ever been refused a professional, occupational or vocational license or permit or has any such license been suspended, revoked or subjected to any disciplinary action? _____ If yes, details _____

- 15) List any insurer that you control directly or indirectly or hold legal or beneficial ownership of 10% or more of outstanding stock (voting power) _____

- 16) Will you or members of your immediate family subscribe to or own, beneficially or otherwise, shares of stock of the proposed captive or its affiliates? _____ If yes, provide details _____
- 17) Have you ever been adjudged a bankrupt or been a debtor in a bankruptcy proceeding? If yes, explain _____
- 18) Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or pardoned for conviction, a guilty plea or *nolo contendere* to:
a) any felony _____
b) to any misdemeanor other than a civil traffic offense _____
c) or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency? _____
d) If yes to a, b, or c, give details _____

e) Has any company been so charged allegedly as a result of any action, inaction or conduct on your part? _____ If yes, provide details _____
- 19) Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer that, while you occupied such position, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____ If yes, provide details _____

- a) While occupying such position, was the certificate of authority or license of any insurance company ever suspended or revoked? _____ If yes, provide details _____

Dated & signed this _____ day of _____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____ County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed & sworn to before me this _____ day of _____, 20____.

(Notary Public)

My Commission Expires _____